FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549 Mail Processing
Section

FORM D

JAN 16 2008

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION AND/OR 107
UNIFORM LIMITED OFFERING EXEMPTION

131	14,	579
ОМВ	APPRO	VAL
OMB Numb	er:	3235-0076
Expires:	$\mathbf{A}_{\mathbf{I}}$	pril 30, 2008
Estimated a	verage l	burden
hours per re	esponse	16
SEC	USE O	NLY
Duefin	Destin	Drofiv

DATE RECEIVED

711011/1

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Sale of Series B Preferred Stock Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6)	ULOE
Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA		
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Decya Energy, Inc.		
Address of Executive Offices (Number and Street, City, State, Zip Code) 48611 Warm Springs Blvd, Fremont, CA 94539	Telephone Numbi 510-668-1485	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same	Telephone Numbe	08021874
Brief Description of Business Electrical Energy Storage Systems	•	
Type of Business Organization		PROCESSED
□ corporation □ limited partnership, already formed □ business trust □ limited partnership, to be formed □ Other	er:	<u>JAN 2 5 200</u> 8
Actual or Estimated Date of Incorporation or Organization: Month Year		Estimated THOMSON FINANCIAL
CN for Canada; FN for other foreign jurisdiction)	C A	

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA	
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of t Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 	ne issuer;
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and	/or
Full Name (Last name first, if individual)	
Judge, Raj	
Business or Residence Address (Number and Street, City, State, Zip Code)	
650 Page Mill Road, Palo Alto CA 94304	
Full Name (Last name first, if individual)	
Sahu, Saroj	
Business or Residence Address (Number and Street, City, State, Zip Code)	
48611 Warm Springs Blvd, Fremont, CA 94539	
Full Name (Last name first, if individual)	
Patnaik, Madhushree	
Business or Residence Address (Number and Street, City, State, Zip Code)	
48611 Warm Springs Blvd, Fremont, CA 94539	
Full Name (Last name first, if individual)	
Banerjee, Sujit	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Full Name (Last name first, if individual)	
Viswanathan, Ravi	
Business or Residence Address (Number and Street, City, State, Zip Code)	
48611 Warm Springs Blvd, Fremont, CA 94539	
Enter the information requested for the following: - Each promoter of the issuer, if the issuer has been enganized within the past five years: - Each promoter of the issuer, if the issuer has been enganized within the past five years: - Each promoter of the issuer, if the issuer has been enganized within the past five years: - Each promoter of the issuer, if the issuer has been enganized within the past five years: - Each promoter of partnership issuers, and content of the issuers, and the issuer, and the issuer, and the past five years are promoted on the issuer, and the issuers, and the	
Rockwell, John	
Business or Residence Address (Number and Street, City, State, Zip Code)	
48611 Warm Springs Blvd, Fremont, CA 94539	•
Full Name (Last name first, if individual)	
BlueRun Ventures, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
545 Middlefield Road, Suite 210, Menlo Park, CA 94025	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

		A	. BASIC IDI	ENTI	FICATION DATA				
Each beneficial ownerEach executive office	issuer, if the issuer ha	s been vote o orate is	r dispose, or direct the ssuers and of corporat	vote	or disposition of, 10%				securities of the issuer; and
Check Box(es) that Apply:	Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)						-		
Draper Fisher Jurvetson Fu	nd VIII, L.P.				=				
Business or Residence Addres	`	t, City	, State, Zip Code)						
2882 Sand Hill Road, Menlo	Park, CA 94025								
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
DFJ Element, L.P.									
Business or Residence Addres	•		, State, Zip Code)						
2882 Sand Hill Road, Suite 1			<u> </u>						
Check Box(es) that Apply:		_ 	Beneficial Owner		Executive Officer	Ш	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Firouzi, Ali									
Business or Residence Addres		t, City	, State, Zip Code)						
876 Lockhaven Drive, Los A	_	_	D # : 10	121	- · · · · · · · · · · · · · · · · · · ·	NZI			
Check Box(es) that Apply:	Promoter	<u></u>	Beneficial Owner	\boxtimes	Executive Officer	<u> </u>	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)				•				
Mahadevan, Vic									
Business or Residence Addres	·	t, City	State, Zip Code)						
48611 Warm Springs Blvd, I		_		873					
Check Box(es) that Apply:	☐ Promoter	Ц	Beneficial Owner	<u>⊠</u>	Executive Officer	니 	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Geyton, Jim									
Business or Residence Addres	·	t, City,	State, Zip Code)						
48611 Warm Springs Blvd, I			n	[2]	7. 0.07	_	-		
Check Box(es) that Apply:	Promoter		Beneficial Owner	<u>⊠</u>	Executive Officer	<u></u>	Director	 ———————————————————————————————	General and/or Managing Partner
Full Name (Last name first, if	individual) .								
Winter, Rick	01 1 10		a. 5' 5 1\						
Business or Residence Addres	•	t, City,	State, Zip Code)						
48611 Warm Springs Blvd, I		_	- ~:			_			<u> </u>
Check Box(es) that Apply:	Promoter	Ц	Beneficial Owner	Ш	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Addres	s (Number and Street	, City,	State, Zip Code)		_				
	(Use blank :	sheet,	or copy and use add	itional	copies of this sheet,	as ne	cessary)		

		• •		В.	INFOR	MATION .	ABOUT OI	FFERING				
				Answer	also in Appe	ndix, Columi	2, if filing	under ULOE.			Yes	No ⊠
2. W	hat is the minim	um investmer	nt that will be	accepted fro	om any indiv	idual?	***************************************	••••	• • • • • • • • • • • • • • • • • • • •			
3. De	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual? Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or si remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that brokealer only. Name (Last name first, if individual) sess or Residence Address (Number and Street, City, State, Zip Code) of Associated Broker or Dealer sin Which Person Listed Has Solicited or intends to Solicit Purchasers heek "All States" or check individuals States) ALL [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GILL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MI] MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [GILL] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WINDING (LAST) [WA] [WV] [WV] [WINDING (LAST) [WA] [WV] [WV] [WV] [WV] [WV] [WV] [WV] [WV			Ü								
rei pe th:	muneration for so rson or agent of a an five (5) persor	olicitation of p broker or de	ourchasers in a aler registere	connection v d with the SI	vith sales of s EC and/or wit	ecurities in th h a state or st	ne offering. I	f a person to l name of the b	be listed is ar roker or dea	associated ler. If more		
		rst, if individ	ual)							•		
Busines	s or Residence A	ddress (Num	ber and Stree	t, City, State	e, Zip Code)							
Name o	f Associated Bro	ker or Dealer	·									
States ir	Which Person l	Listed Has So	licited or Inte	ends to Solic	it Purchasers							
(Che	ck "All States" o	r check indivi	iduals States)		******************	******************	***************	••••••			□ A	Il States
[AL	.] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[M]	r] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nat	me (Last name fi	rst, if individ	ual)			·		•				
Busines	s or Residence A	ddress (Num	ber and Stree	t, City, State	, Zip Code)	· · · · ·						
Name of	f Associated Bro	ker or Dealer										
States in	Which Person I	isted Has So	licited or Inte	ends to Solic	it Purchasers							
(Chec	ck "All States" or	check indivi	duals States)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							□ A	Il States
[AL	.] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[M]	Γ] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nar	ne (Last name fi	rst, if individu	ual)									
Busines	s or Residence A	ddress (Num	ber and Stree	t, City, State	, Zip Code)			· · ·				
Name of	f Associated Bro	ker or Dealer				<u> </u>						
States in	Which Person I	isted Has So	licited or Inte	nds to Solic	it Purchasers			•				
(Chec	ck "All States" or	check indivi	duals States)								☐ A	Il States
[AL	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]]	[MI]	[MN]	[MS]	[MO]
Plas the issuer sold, or does the issuer intend to sell, to non-accredated investors in this offering?												
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF	PROCEEDS			
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	4	Aggregate	An	nount	Already
	Type of Security		Tering Price		Sc	old
	Debt	\$	0	\$_		0
	Equity	\$	14,999,999.18	\$_	14,99	<u>9,999.18</u>
	Common Preferred					
	Convertible Securities (including warrants)	\$	0	\$_		0
	Partnership Interests	\$	0	\$_		0
	Other (Specify)	\$	0	\$_		0
	Total	\$	14,999,99 <u>9.18</u>	\$_	14,99	9,999.18
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number		ollar /	egate Amount
			Investors	4		rchase
	Accredited investors			\$		99,999 <u>.</u> 18
	Non-accredited Investors			\$_		0
	Total (for filings under Rule 504 only)		0	\$_	—	0
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Type of	D	ollar .	Amount
	Type of Offering		Security		So	old
	Rule 505		0	\$_		0
	Regulation A		0	\$_		0
	Rule 504		0	\$_		0
	Total		0	\$_		0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			\$_		
	Printing and Engraving Costs			S _		
	Legal Fees		\boxtimes	\$_	27,4	62.00
	Accounting Fees			\$_		
	Engineering Fees			\$_		
	Sales Commissions (specify finders' fees separately)			\$_		
	Other Expenses (identify)			\$_		
	Total		\boxtimes	\$_	27,4	62.00

total expenses furnished in response to Part C - C	ffering price given in response to Part C - Question 1 a Question 4.a. This difference is the "adjusted gross			\$ <u>14,972,537.11</u>			
the purposes shown. If the amount for any purpose	proceeds to the issuer used or proposed to be used for ease is not known, furnish an estimate and check the box to sted must equal the adjusted gross proceeds to the issue	o the					
-		Payment Officers, Dire Affiliat	ctors &	Payments To Others			
Salaries and fees		🗆 \$	0	□ s <u> </u>			
Purchase of real estate		🗆 s	0	□ s o			
Purchase, rental or leasing and installation of ma	🗆 \$	0	\$ 0				
Construction or leasing of plant buildings and fa	onstruction or leasing of plant buildings and facilities						
	alue of securities involved in this offering that may be nother issuer pursuant to a merger)		0	s 0			
Repayment of indebtedness		🗆 s	0	s 0			
Working capital		🗆 \$	0	⊠ \$ <u>14,972,537.1</u>			
Other (specify):		🗆 \$	0	□ \$ <u> </u>			
Column Totals		🗆 s	0	S <u>14,972,537.11</u>			
	d)	\$ <u>14,972,537.18</u>					
	D. FEDERAL SIGNATURE						
	undersigned duly authorized person. If this notice is filed nd Exchange Commission, upon written request of its state 102.						
	Signature	Date					
		January 14	2008				
ner (Print or Type) ya Energy, Inc. ne of Signer (Print or Type)	Title of Signer (Print or Type)			•			

ATTENTION

		······································	STATE SIGNATURE		27X2	······································
1.	Is any party described in 17 CFR 230.262 prese		, 11,11,11,11,11,11,11,11,11,11,11,11,11	ons of such rule?	Yes	No
		See Appe	ndix, Column 5, for state response.			
2.	The undersigned issuer hereby undertakes to fu 239.500) at such times as required by state law.	•	ate administrator of any state in wh	nich this notice is filed, a no	otice on Form D (17 CFR
3.	The undersigned issuer hereby undertakes to fu	ımish to the sta	te administrators, upon written req	uest, information furnished	by the issuer to o	offerees.
4.	The undersigned issuer represents that the issue Exemption (ULOE) of the state in which this nestablishing that these conditions have been sat	otice is filed ar				_
	sissuer has read this notification and knows the chorized person.	ontents to be tr	rue and has duly caused this notice	to be signed on its behalf b	by the undersigned	l duly
auu	iorized person.					
sst	uer (Print or Type)		Signature	Date		
Dec	eya Energy, Inc.		VIJakaderan	- January 14 , 200	8	
Nai	me of Signer (Print or Type)	7	l'itle of Signer (Print or Type)			
Vic	Mahadevan	(Chief Executive Officer			

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3			4			5
	non-acc invest St	to sell to credited tors in ate -ltem 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)				
				Number of Accredited		Number of Non- Accredited			
State AL	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AK									
AZ	<u> </u>								
AR									
CA	!	Х	Preferred Shares \$14,999,999.18	10	\$14,999,999.18	0	0		X
СО				<u> </u>					
СТ									
DE									
DC									
FL									
GA									
ні									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME	ļ <u></u>		.						
MD			, , , , , , , , , , , , , , , , , , , 						
MA									
MI						•			
MN									
MS									
МО			_						
MT									:
NE									<u> </u>

1	2	3			4		.5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		amount purc	vestor and hased in State -Item 2)		Disquali under UL (if yes, explana waiver (State OE attach ation of granted
NV								
NH				·				
NJ								
NM								
NY								
NC								
OH,								
OK								
OR								
PA			, .					
RI								
SC						<u></u>		
SD			-					·
TN				-				
TX			,					
UT								
VT								
VA								•
WA								
WI								
WY								
PR								

